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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 JUL 28 AM 9: 22

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

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ADDRES	S (number and street)	164	w H	<u> </u>	TAILL	71/144	ANIE!	SUITIT	<u> </u>	181
	Check if different		1111	1111			<u> </u>			
	than previously reported. (ACC)	JAN	BER	NARD.	INO		CA	924	08-	
2. FEC	IDENTIFICATION NU	JMBER ▼		CITY			STATE A		ZIP CO	DE 🛦
С	0.04.1839	9.2		3. IS THIS REPORT	Ø	NEW (N) OR		AMENDED (A)		
	PE OF REPORT ose One)	(b) Mo	nthly Dort	Feb 20 (M2		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
•	Quarterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
_	April 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
L	Quarterly Report (C July 15	(c)	12-Day		Primary (1	2P)	Gen	eral (12G)		Runoff (12R)
L	Quarterly Report (C	(2)	PRE-Election Report for the	F****	Convention	(12C)	Spec	cial (12S)		
L	October 15 Quarterly Report (C	23)			N N	/ 0 • 0 /	~ * * * * *		in the	
	January 31 Year-End Report (Y	'E)	E	lection on					State o	<u> </u>
	July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d)	30-Day POST-Electi		General (3	oG)	Run	off (30R)		Special (30S)
	Termination Report (TER)		Report for the	election on	W W	′ 📭 ′ [****		in the State o	ıf 🔲
5. Cove	ering Period		1 20	15	through	0.6	3.0	2.0	15	
I certify t	hat I have examined th	2		_	,		ie, correc	t and comple	te.	
Type or I	Print Name of Treasure	r <u>-</u>)ebora	h R.	Hage	2				
Signature	e of Treasurer	De	borols	RH	rgan	<u>/</u> [ate	0.7 2	0	2015
NOTE: S	ubmission of false, erron	eous, or inc	complete infor	mation may s	ubject the p	erson signing th	nis Report	to the penalt	es of 2	U.S.C. §437g.
L	Office Use Only								FOR Rev. 12/2	M 3X

20-15-07-28-03-000-13-6

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name		
COALITION FOR SAFE	AND AFFORDABLE HEAL	TH CARE
Report Covering the Period: From:	21 01 2015	o: 0.6 3.0 2.0.7.5
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2.51.5	•	6911
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69.4	69,11
7. Total Disbursements (from Line 31)	20,00	200
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49-41	49041
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5,0,0,0,0,0	
This committee has qualified as a multi	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

2015 07 28 08 00013317

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

COALITION FOR	SAFE AND AFFORDARL	E HEALTH CARE
Report Covering the Period: From:	/ 6 6 / 7 8 4 4 7 7 7 7	Maw / Dap / ARABAAA
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		•
Than Political Committees		handan Anada Anada a San A
(i) Itemized (use Schedule A)		
(ii) Unitemized	$ \underbrace{\hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} \mathcal{O}_{\triangle} \hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} }_{\hspace{0.1cm} \bullet \hspace{0.1cm} \bullet} \hspace{0.1cm} . \hspace{0.1cm} \hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} . \hspace{0.1cm} \hspace$	Lana an a Om
(iii) TOTAL (add		Lamination of La
Lines 11(a)(i) and (ii)		<u> </u>
(b) Political Party Committees		
(b) Political Party Committees		
(such as PACs)		0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶		0
12. Transfers From Affiliated/Other		
Party Committees	ρ	0
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0	0
16. Refunds of Contributions Made	the second of th	
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
18. Transfers from Non-Federal and Levin Funds		and the second s
(a) Non-Federal Account		
(from Schedule H3)		Lainnann
(b) Levin Funds (from Schedule H5)		Le con en or a con a
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d),	· .	·
12, 13, 14, 15, 16, 17, and 18(c))▶		
70, 10, 14, 10, 10, 17, and 10(0)/	Landough Charles Control	
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	\sim	
,		

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	iotai iiis renou	Calendar Year-to-Date
	(i) Federal Share	20.00	1,20,0,0
	(ii) Non-Federal Share	0	Co.
	(b) Other Federal Operating		
	Expenditures		7 7 7 7 0 0 0 0
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1.0.0.0	20,00
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees		
0.4	and Other Political Committees		<u> </u>
24.	Independent Expenditures (use Schedule E)	P	
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
	(use ochedule 1)		
26.	Loan Repayments Made	Lenning Co.	f man and a second
27.	Loans Made	ρ_{-}	
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	That I shiddle sommittees		Constitution of December 12 and Constitution of Constitution o
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		
	(d) Total Contribution Defined		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
	(add Lines 20(a), (b), and (c),		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		Element date of the control of the c
	(i) Federal Share		177 177 177 177 177 177 177 177 177 177
	•		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
21	Total Dishursements (add Lines 21/s), 22		
J1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20.00	20.00
30	Total Federal Disbursements		
٥۷.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	•	
	from Line 31)	1000	1
		•	.

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(from Line 15, page 3).....

(subtract Line 37 from Line 36)

38. Net Operating Expenditures

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) . (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures

SCHEDULE C	(FEC	Form	3X)
LOANS			

OANS	Use separate schedule(s) PAGE 6 OF 7			
.oano	for each category of the			
	Detailed Summary Page FOR LINE 13 OF FORM 3X			
NAME OF COMMITTEE (In Full)				
	. /			
COALITION FOR SAFE AND AFF [LOAN SOURCE Full Name (Last, First, Middle Initial)	FORDABLE HEALTH CARE			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
i i	Primary			
HAGAR, DEBORAH R Mailing Address	General			
Mailing Address	Other (specify) ▼			
1/1// 1/20,70	B ADVOCACY			
City SAN BERNARDING State CA ZIP COC	TOVECACY			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
5,0,0,0,00	<u> </u>			
TERMS				
Date Incurred Date Due	Interest Rate Secured:			
May 1 Ded 1 Arrana Way 1 Ded 1 Ja				
02 0/ 2008 /2 3/ 2	e(S% (apr) × Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
1				
Mailing Address	Occupation			
	Amount			
City . State ZIP Code	Guaranteed			
,	Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
	_ · F · · F · · · · ·			
Mailing Address	Occupation			
	'			
	Amount			
City State ZIP Code	Guaranteed			
Say State Ell Odd	Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
ס, ן עוו יזמוזים (במסגן דווסגן ואוטטוס וויונומו)	Trains of Employer			
Mailing Addross	Occupation			
Mailing Address	Occupation			
OL-1- 716 A1-	Amount			
City State ZIP Code	Guaranteed Outstanding:			
	L			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
	<u> </u>			
CLIPTOTALS This Period This Page (antional)				
SUBTOTALS This Period This Page (optional)				
TOTAL O This Deviced (last same in this line entry)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		•
2_		?	
FOR LINE	21a OF	FORM	зх

	AME OF COMMITTEE (In Full)				
	COALITION FOR SAFE A	us Ar	FFORDARL	E HEA	HTH CARE
Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	WELLS FARCO BANK	•	•		Administrative Fundraising Exempt
	Mailing Address 334 W 3eD STREET			ŧ	Voter Drive Direct Candidate Support
	City 2	State	Zip Code		Public Comm (ref to party only) by PAC
•	SAN BERNAROLNO	CA	, 92	101	
	Purpose of Disbursement:			استخستا	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				S. Janes S.
			· · · · · · · · · · · · · · · · · · ·	Category/ Type	Date 0.6 3.0 20.05
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
1	2.0.00			<u> </u>	2000
В.	Full Name (Last, First, Middle Initial)		<u> </u>	• "	Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address .				Voter Drive Direct Candidate Support
	City	State	Zip Code	<u></u>	Public Comm (ref to party only) by PAC
}	<u> </u>				Allocated Activity or Event Year-To-Date
,	Purpose of Disbursement:		•	Lunzunzund	
1	Activity or Event Identifier:	• "			
l I .	Activity of Evern Identifier.			Category/	Lund , Lord , Lasaral
1				Type	Date
ĺ	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
}	Levinor des Control des Contro	· programme	malana la malana da malana	-A randan Amadan	d landandanianiani
		ğ			Allocated Activity or Event:
c.	Full Name (Last, First, Middle Initial)	1 4 2	ere Theoreticae Theoreticae		
c.					Allocated Activity or Event:
c.	Full Name (Last, First, Middle Initial)	State	Zip Code	in all and a second	Allocated Activity or Event: Administrative Fundraising Exempt
c.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
c.	Full Name (Last, First, Middle Initial) Mailing Address	State	Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:	State	Zip Code	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
C.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:	State +	Zip Code	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	+ .		Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	+	NONFEDERAL	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	+	NONFEDERAL	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE BTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+ Activity This	NONFEDERAL S Page NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE BTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+ Activity This	NONFEDERAL NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
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Date of Receipt or Postmarked Other (Specify): (3/2015)